

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BT		11-10-99
O.I.P.E. CLASSIFIER	22	32	11/16
FORMALITY REVIEW	22	60125	12/1/99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	7/25/96
2	1/4/97
3	1/14/97
4	1/15/97
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Claim	Date
Final Original	
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Claim	Date
Final Original	
110	1/15/97
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150	1/15/97

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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